

FILING DATE		CLASS	SUBCLASS	GROUP ART UNIT	EXAMINER
08/14/91		530	387	186	Feislee

STER, SAN FRANCISCO, CA; LEONARD G. PRESTA, SAN FRANCISCO, CA.

****CONTINUING DATA*******
 VERIFIED
 None

****FOREIGN/PCT APPLICATIONS*******
 VERIFIED
 None

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Foreign priority claimed 35 USC 119 conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	AS FILED	STATE OR COUNTRY	SHEETS DRWS.	TOTAL CLAIMS	INDEP. CLAIMS	FILING FEE RECEIVED	ATTORNEY'S DOCKET NO.
Verified and Acknowledged	Examiner's Initials	→	CA	5	16	8	\$1,050.00	709

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TITLE: IMMUNOGLOBULIN VARIANTS

U.S. DEPT. of COMM. Pat. & TM Office - PTO-436L (rev. 10-78)

PARTS OF APPLICATION MAILED SEPARATELY			
NOTICE OF ALLOWANCE MAILED		PREPARED FOR ISSUE	
		Assistant Examiner	Docket Clerk
ISSUE FEE		Primary Examiner	
Amount Due	Date Paid		
		CLAIMS ALLOWED	
		Total Claims	Print Claim
		DRAWING	
		Sheets	Print Fig.
		ISSUE BATCH NUMBER	
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